U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Complete if Known Effective on 12/08/2004 Ree pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/562,507 **Application Number** FEE TRANSMITTAL APR 80 December 28, 2005 Filing Date NO, Yang Hwan **First Named Inventor FOR FY 2005 Not Assigned Examiner Name** Art Unit **Not Assigned** ☐ Applicant claims small entity status. See 37 CFR 1.27 Attorney Docket No. (\$)490.00 9988.289.00 TOTAL AMOUNT OF PAYMENT

METHOD OF PAYMENT (check all that apply)											
■ Check □ Cred	it Card ☐ M	oney Order	☐ None ☐	Other (please	identify):						
■ Deposit Account		count Number <u>s</u>	<u>50-0911</u>	Deposit Accour	nt Name:						
For the above-identifie	ed deposit accou	ınt, the Director	ris hereby auth	orized to: (ched	ck all that apply	')					
Charge fee(s) indica	ited below			Charge fee(s) indic	cated below, exc	ept for the filir	ng fee				
Charge any addition	·	payments of fee(s	;) 📰 C	Credit any overpay	ments						
WARNING: Information on the information and authorization	this form may bed	come public. Cr	edit card inform	ation should not	be included on	this form. Pro	ovide credit	card			
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING F	EES Small Entity	SEARCH F	FEES Small Entity	- '-	FION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>i</u>	Fees Paid (\$)			
Utility	300	150	500	250	200	100	-				
Design	200	100	100	50	130	65	-				
Plant	200	100	300	150	160	80	_				
Reissue	300	150	500	250	600	300	-				
Provisional	200	100	0	0	0	0	-				
2. EXCESS CLAIM FEES	S						Fee_(\$)	Small Entity Fee (\$)			
<u>Fee Description</u> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original paten							50	25			
Each independent claim of Multiple dependent claims	over 3 or, for Rei	ssues, each inc	dependent clain	n more than in t	he original pate	ent	200 360	100 180			
•	Extra Claims	Fee (\$)	Fee Pai	<u>d (\$)</u>	Multiple Dependent Claims						
20 or HP =		proster than 20			<u>Fe</u>	e (\$)	<u>Fee Paid</u>	1 (\$)			
	IP = highest number of total claims paid for, if greater than 20 ndep. Claims		Fee Pai	d (\$)							
3 or HP =	x	<u> </u>	_ =								
HP = highest number of indep		id for, if greater th	ian 3								
3. APPLICATION SIZE F If the specification and dra	awings exceed 1	00 sheets of pa	aper, the applic	ation size fee d	ue is \$250 (\$12	25 for small e	ntity) for e	ach additional			
50 sheets or fraction	thereof. See 3! Extra Sheets	5 U.S.C. 41 (a)((1)(G) and 37 C	CFR 1.16(s). or fraction there			Fee Paid				
	:xtra Sneets / 50 =			whole number)		 =					
4. OTHER FEE(S)	r Eudamaian - 17	mo /Two Man-M	h)				Fee Paic \$450.00				
Other: <u>Petition fo</u> Other: Assignme	r Extension of Ti nt Recordation	ine (Two Mont					\$40.00	_			

SUBMITTED E	BY .		
Signature	1 Young (40)	Registration No. (Attorney/Agent)	Telephone 202-496-7513
Name (Print/Type)	Mark R. Kresloff	42,766	Date April 30, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.